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**Case Service Memo:** 2003-14  
**Subject:** Provision of alternative medicine or treatment  
**To:** All Staff  
**From:** Michael McDonald  
**Issue Date:** November 1, 2003  
**Effective Date:** Existing

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Please keep this Case Service Memo under the "Case Service Memos" tab of your Case Service Manual until the content of the memo is incorporated into the manual.

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1. **Purpose:**

The purpose of Case Service Memo 2003- 14: Provision of alternative medicine or treatment is to state existing Utah State Office of Rehabilitation (USOR) policy and practice related to the provision of an alternative medicine or treatment service. The term "alternative" shall encompass other non-traditional medicine or treatment terms such as holistic, complementary, proprietary, natural, and others.

2. **Existing policy and practice:**

a. Terms such as alternative, holistic, complementary, proprietary, natural and others when used in the context of medicine and treatment are broad labels that describe an array of non-traditional treatments and therapies or even philosophies and belief systems. For ease of communication such non-traditional and other medicine and treatment are referred to as alternative medicine and treatment. Policy and practice statements are usually equally broad, though on occasion specific statements are made.

b. USOR has relatively clear existing policy and practice regarding alternative medicine and treatment. The general principles of existing policy and practice regarding alternative medicine and treatment are:

i. The Vocational Rehabilitation (VR) program is, by definition, a program with a very strong emphasis on the vo cat io nal aspect. The services provided or participated in are traditional ones such as:

1. Diagnostic evaluations;
2. Treatment for conditions that are not in an acute stage, or are not so rapidly progressive that they would be terminal or likely to preclude accomplishment of a vocational goal;
3. Education;
4. Training;
5. Placement services to assist an eligible individual to achieve employment, and
6. Others.

ii. The Vocational Rehabilitation program is not a health care program, a

1 mental health treatment program, or a housing program. This follows  
2 congressional intent based on the existence of other federal dedicated  
3 programs for these health and human service areas.

- 4 iii. Health care, housing, and mental health treatment are service categories in  
5 which some short term routine traditional services may be provided.
- 6 iv. Other than diagnostic services, services which VR may provide must  
7 directly relate to achieving employment.
- 8 v. Services available from another agency are not provided.
- 9 vi. Experimental, unproven, proprietary, and off-schedule medicine or  
10 treatment, which may include alternative medicine and treatment, are not  
11 provided.

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13 3. **Approval Categories:**

14 The following are service related approval categories. They do not pertain to facilities.  
15 Facilities, such as education or training facilities, are approved through the USOR facilities  
16 approval process which is initiated by contacting the USOR facilities specialist. Approval  
17 for a category of services is initiated by contacting the Case Service Program Director.  
18 The following service related approval categories pertain to alternative medicine and  
19 treatment services:

- 20 a. **Approved**: When there is a specific statement that an alternative medicine or  
21 treatment service has been evaluated and has received approval as a service  
22 category, that service is designated as approved and is a service which may be  
23 provided for an eligible client as appropriate. These approval statements are  
24 usually found in either the Case Service Manual or in a Case Service Memo. Staff  
25 should also consult with supervisors and case service administration to clarify these  
26 approval designations. Some existing determinations may not be written. Some  
27 approvals may be provisional.
- 28 b. **Not Approved**: When there is a specific statement that an alternative medicine or  
29 treatment service has been evaluated and did not receive approval as a service  
30 category, that service is designated as not approved and is a service which may not  
31 be provided. These statements are usually to be found in either the Case Service  
32 Manual or in a Case Service memo. Staff should also consult with supervisors and  
33 case service administration to clarify these not approved designations. Some  
34 existing determinations may not be written.
- 35 c. **Not evaluated, therefore not approved**: When there is not a specific statement that  
36 an alternative medicine or treatment service has been evaluated and either  
37 approved or not approved as a service category that service must be considered to  
38 be designated as not approved and is a service which may not be provided until a  
39 full approval, provisional approval, or approval by exception. is sought and  
40 obtained. Staff should also consult with supervisors and case service  
41 administration to clarify these designations. Some existing determinations may not  
42 be written.

43 4. **Approval Determination Process:**

- 44 a. **Approval Requests:**

1 When an alternative medicine or treatment service has not been previously  
2 evaluated, requests for approval of the service as a service category may be  
3 initiated by either a service provider or by a client through his or her counselor.

- 4 i. Requests by a service provider for approval of an alternative service as a  
5 service category, which has not been previously evaluated, are initiated by  
6 the service provider sending a letter of request for service approval to the  
7 Case Service Program Director who will assist the provider and process the  
8 request. A determination will be made regarding the request and will be  
9 communicated to the person requesting the approval and to USOR staff.
- 10 ii. When an alternative service has not been previously evaluated and appears  
11 to be indicated for a specific client only, approval by exception may be  
12 requested on an individual basis as indicated below. Usually we would not  
13 consider approval by exception for an individual unless we first approved  
14 the service category. Requests by a client through his or her counselor for  
15 approval of an alternative service as a service category, which has not been  
16 previously evaluated, are initiated by the counselor sending a request for  
17 service approval through channels, with recommendations, to the Case  
18 Service Program Director. A service provider must be identified and  
19 participate in the consideration for approval. A determination will be made  
20 regarding the request and will be communicated to the person requesting  
21 the approval and to USOR staff.
- 22 iii. A method frequently used in considering approval of a specific medicine or  
23 treatment service, including those which may be alternative medicine or  
24 treatment, is to check to see if insurers cover it. Insurers such as the Utah  
25 Labor Commission's (ULC) medical fee guidelines, the Utah Public  
26 Employees Health Program (PEHP), the Utah Blue Cross/Blue Shield  
27 program, and others may be reviewed. The rationale for checking with  
28 these programs is that the ULC medical fee schedule is also the VR fee  
29 schedule, and the others are large programs which sometimes provide  
30 services others insurers do not. When an insurer or program provides the  
31 service that supports a favorable consideration for approval and we will  
32 often approve it. When these insurers or programs do not provide the  
33 service in question that does not support a favorable consideration for  
34 approval and we usually do not approve it.
- 35 iv. Other factors frequently used in considering approval of a specific medicine  
36 or treatment service, including those which may be alternative medicine or  
37 treatment, are checks with the Better Business Bureau, a check with the  
38 State of Utah Consumer Affairs office, educational requirements and  
39 standards, licensure, certification, and the existence of a related  
40 professional organization.

41 b. Approvals by Exception:

- 42 i. When an alternative service has previously been evaluated and was not  
43 approved, requests may be made for approval by exception for a specific  
44 client for the service. These requests must be sent through channels with

1 recommendations to the Case Service Program Director and a  
2 determination will be made regarding the individual specific request.  
3 Requests for approval by exception for a service which has been evaluated  
4 and was not approved should not be routinely made. They should only be  
5 made for exceptional reasons. If there are no exceptional reasons then the  
6 request should be denied as a service which is not approved and the client  
7 advised of his or her right to due process.

- 8 ii. Necessary and appropriate consultations should take place prior to  
9 submitting a request for approval by exception.
- 10 iii. When an alternative medicine or treatment service is requested which has  
11 been evaluated and was designated as not approved subsequent requests  
12 for review of that determination must come from or identify a provider of  
13 that service so that relevant questions may be re-addressed or resolved.  
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